



**GOD CITY APARTMENTS**  
**175 Pershing Avenue**  
**Buffalo, NY 14208**  
**(716) 881-2526/Fax (716) 881-2595**  
**TDD Relay 711**

(ALL BLANKS MUST BE FILLED IN OR THIS FORM WILL BE RETURNED TO YOU)

**OFFICE USE ONLY:** DATE RECEIVED \_\_\_\_\_ TIME RECEIVED \_\_\_\_\_  
 MANAGER INITIALS \_\_\_\_\_

THIS FORM SHOULD BE COMPLETED IN YOUR OWN HANDWRITING. YOU MUST USE THE CORRECT LEGAL NAME FOR EACH MEMBER OF YOUR HOUSEHOLD AS IT APPEARS ON THE SOCIAL SECURITY CARD. LIST APPLICANT FIRST, CO-APPLICANT SECOND, OTHER MEMBERS OF HOUSEHOLD THIRD, ETC. ALL INFORMATION IS KEPT CONFIDENTIAL.

(If you are unable to fill out this application, someone will fill it out for you or you may choose someone to fill it out. That person must sign the last page as the person whose hand-writing appears on the form.)

How did you hear about us? \_\_\_ Newspaper ad \_\_\_ Brochure \_\_\_ Pennysaver \_\_\_ Drive By  
 \_\_\_ Flyer \_\_\_ Word-of-Mouth \_\_\_ Existing Resident \_\_\_ Other \_\_\_\_\_

APPLICANT'S NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_  
 PRESENT ADDRESS \_\_\_\_\_ RENT: \$ \_\_\_\_\_  
 \_\_\_\_\_ UTILITIES INCLUDED? \_\_\_\_\_

**A. LIST ALL PERSONS WHO WILL BE LIVING IN YOUR HOME.**

NAME	DATE OF BIRTH	RELATION TO HEAD OF HOUSE	SOCIAL SECURITY # (FOR ALL)	U.S. CITIZEN? (Circle One)	FULL TIME STUDENT? (Y/N)
		HEAD OF HOUSEHOLD		Yes No	
		CO-TENANT		Yes No	
				Yes No	
				Yes No	
				Yes No	
				Yes No	

If "no" is circled for any member of the household, that household member must sign a Verification of Consent form and submit documentation of citizenship status.

B. Do you have any unusual expenses related to employment, such as a care attendant or auxiliary apparatus for a handicapped or disabled family member? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain:

\_\_\_\_\_

Will any alterations to the apartment be necessary for you or a member of your family? Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_

What apartment size are you applying for? \_\_\_\_\_ Bedroom(s)

Do you require a handicap accessible unit or reasonable accommodation due to disability? \_\_\_Yes \_\_\_No

**C. INCOME: LIST ALL SOURCES OF INCOME AS REQUESTED BELOW. ENTER ZERO (\$) FOR ANYTHING THAT DOES NOT APPLY:**

NAME OF FAMILY MEMBER

SOURCE OF INCOME

_____	a.	Social Security Gross monthly amount	\$ _____
_____		Social Security Gross monthly amount	\$ _____
_____	b.	Pension monthly amount	\$ _____
_____		Pension monthly amount	\$ _____
Source of Pension(s) _____			
_____	c.	SSI Benefits monthly amount	\$ _____
_____		SSI Benefits monthly amount	\$ _____
_____	d.	Wages Gross monthly amount	\$ _____

Employer's Name \_\_\_\_\_  
 Employer's Address \_\_\_\_\_

Wages Gross monthly amount \$ \_\_\_\_\_

Employer's Name \_\_\_\_\_  
 Employer's Address \_\_\_\_\_

_____	e.	Unemployment Comp. monthly amt.	\$ _____
_____		Unemployment Comp. monthly amt.	\$ _____
_____	f.	Social Services monthly amount	\$ _____
_____		Social Services monthly amount	\$ _____
_____	g.	Full Time Student over 18	\$ _____
_____		Full Time Student over 18	\$ _____
_____	h.	Alimony monthly amount	\$ _____
_____	i.	Child Support monthly amount	\$ _____
_____	j.	Earned Income	
		Tax Credit ANNUAL amount	\$ _____
_____	k.	Other Income monthly amount	\$ _____
		Source _____	
_____		Other Income monthly amount	\$ _____
		Source _____	
_____	l.	Income from investments monthly	\$ _____
_____		Income from investments monthly	\$ _____
_____	m.	Interest income monthly amount	\$ _____
_____		Interest income monthly amount	\$ _____

Do you anticipate any changes in this income during the next 12 months? Yes \_\_\_\_\_ No \_\_\_\_\_

Does anyone in the household receive any regular contributions or gifts from non-household members?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

Does anyone in the household receive any income from property? Yes \_\_\_\_\_ No \_\_\_\_\_ Explain \_\_\_\_\_

Do you expect anyone not listed on this application to be moving in with you in the future?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

Is either the Head of Household or Co-head a full-time student or expected to be in the next 12 months?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

**D. PLEASE LIST ALL ASSETS FOR ALL HOUSEHOLD MEMBERS** (Bank checking, savings accounts, credit union accounts, C.D.'s, stock)

	ACCOUNT NUMBER	BANK	BALANCE	INTEREST RATE
Checking Account	# _____	_____	_____	_____
	# _____	_____	_____	_____
Cash on Hand	_____	_____	_____	_____
Savings Account	# _____	_____	_____	_____
	# _____	_____	_____	_____
Credit Union	# _____	_____	_____	_____
	# _____	_____	_____	_____
C.D.'s	# _____	_____	_____	_____
	# _____	_____	_____	_____
Savings Bonds	# _____	_____	_____	_____
	# _____	_____	_____	_____
Other (property held as an investment or life insurance cash value)	# _____	_____	_____	_____
	# _____	_____	_____	_____

Real Property: Do you own any property? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, type of property \_\_\_\_\_  
 Where is property located \_\_\_\_\_  
 Appraised Market Value \$ \_\_\_\_\_

Have you sold/dispensed of any property in the last 2 years? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, type of property \_\_\_\_\_  
 Market Value when sold/dispensed \$ \_\_\_\_\_  
 Date of transaction \_\_\_\_\_

Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up irrevocable trust accounts)? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, describe asset \_\_\_\_\_  
 Date of Disposition \_\_\_\_\_  
 Amount disposed \$ \_\_\_\_\_

Do you have any other assets not listed above (excluding personal property)? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, list \_\_\_\_\_

**E. MEDICAL/CHILD CARE/HANDICAP ASSISTANCE EXPENSES**

A deduction is allowed for households whose head or co-head is elderly, (62 or older), handicapped or disabled (regardless of age).

Are you or anyone in your household seeking this deduction? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, you must provide evidence in the form of a statement by a qualified individual. THE NATURE OF A HANDICAP OR DISABILITY DOES NOT HAVE TO BE DISCLOSED.

Medical Costs: Complete this part ONLY if Head of Household or Co-Tenant is age 62 or older, or Disabled or Handicapped (regardless of age).

Medicare Premiums Monthly Amount \$ \_\_\_\_\_  
 Monthly Amount \$ \_\_\_\_\_

Medical Insurance Coverage - Insurer's Name \_\_\_\_\_  
 Address \_\_\_\_\_

Monthly Amount \$ \_\_\_\_\_

Anticipated Medical/Drug/Prescription costs NOT covered by insurance or reimbursed:

Monthly Amount \$ \_\_\_\_\_

Medical Bills or outstanding costs YOU are making monthly payments for:

Balance Due \$ \_\_\_\_\_ Monthly Payments \$ \_\_\_\_\_ Payable to: \_\_\_\_\_

Name and Address of all Physicians you are seeing on a regular basis:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any other medical expenses: Type \_\_\_\_\_  
Amount \_\_\_\_\_

CHILD CARE Costs: Complete ONLY for children 12 and younger:

Names of children cared for \_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_

Name and Address of Person or Agency caring for children \_\_\_\_\_

Weekly cost for children due to employment or education \$ \_\_\_\_\_

HANDICAP ASSISTANCE EXPENSES: Complete ONLY if Handicap Expenses allow a member of the household to work or attend school. List type of expenses, weekly amount, paid to whom:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**F. REFERENCES:**

Landlord references and/or rental history for the last 5 years is required. If additional space is needed for references please attach an additional sheet of paper to this application.

1. Current Landlord: Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_

2. Prior Landlord: Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_

3. Are you or any family member currently under eviction or have you or any family member ever been evicted or refused to pay rent? Yes \_\_\_\_\_ No \_\_\_\_\_.  
If so, why \_\_\_\_\_

4. Are you or any family member a current illegal user of controlled substance or have you or any family member ever been convicted of using a controlled substance? \_\_\_\_\_ Yes \_\_\_\_\_ No

5. Are you or any family member a drug dealer or have you or any family member ever been a drug dealer?  
 Yes \_\_\_\_\_ No \_\_\_\_\_
6. If you answered yes to either question F4 or F5 above, have you or any family member successfully completed a controlled substance abuse recovery program or are you or any family member presently enrolled in such a program? \_\_\_\_\_ Yes \_\_\_\_\_ No

**CRIMINAL HISTORY:** Have you or any household member:

1. Ever been convicted or pleaded "no contest" to a crime (whether or not resulting in a conviction)?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, what State/County? \_\_\_\_\_  
 When? \_\_\_\_\_
2. Ever been convicted of or pleaded guilty or "no contest" to a crime involving sexual misconduct (whether or not resulting in a conviction)? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, what State/County? \_\_\_\_\_ When? \_\_\_\_\_
3. Are you or any member of your household a Registered or Unregistered Sex Offender? \_\_\_\_\_ Yes \_\_\_\_\_ No

**CREDIT REFERENCES:**

1. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_
2. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_
3. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**PERSONAL REFERENCES (NO RELATIVES)**

1. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_
2. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_
3. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**IN CASE OF EMERGENCY NOTIFY:** \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone Number \_\_\_\_\_

**LIST YEAR, MAKE, COLOR AND LICENSE PLATE # FOR ALL VEHICLES IN YOUR HOUSEHOLD**

YEAR/MAKE	COLOR	LICENSE PLATE #
_____	_____	_____
_____	_____	_____

Do you own any pets: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, describe \_\_\_\_\_

Acceptance of this application does not guarantee rental of an apartment. All applicants must meet screening criteria, including landlord, credit and criminal background checks. Changes in family income, size and address and phone number must be reported promptly to management in order to properly process your application.

A security deposit and a one year lease are required. Copies of birth certificates will be required for all household members.

**\*RACE/ETHNICITY ORIGIN OF HEAD AND CO-TENANT: COMPLETION OF THIS SECTION IS REQUIRED BY HUD**

\*The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the U.S. Department of Housing and Urban Development, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, handicap, sexual orientation or gender identity are complied with. HUD requires you to furnish this information, however, it will not be used in evaluating your application or to discriminate against you in any way.

**APPLICANT #1**

Ethnicity:  
 Hispanic or Latino  
 Not Hispanic or Latino  
Race: (Mark one or more)  
 American Indian/Alaska Native  
 Asian  
 Black or African American  
 Native Hawaiian or other Pacific Islander  
 White  
Gender:  
 Male  Female

**APPLICANT #2**

Ethnicity:  
 Hispanic or Latino  
 Not Hispanic or Latino  
Race: (Mark one or more)  
 American Indian/Alaska Native  
 Asian  
 Black or African American  
 Native Hawaiian or other Pacific Islander  
 White  
Gender:  
 Male  Female

**APPLICANT #3**

Ethnicity:  
 Hispanic or Latino  
 Not Hispanic or Latino  
Race: (Mark one or more)  
 American Indian/Alaska Native  
 Asian  
 Black or African American  
 Native Hawaiian or other Pacific Islander  
 White  
Gender:  
 Male  Female

**APPLICANT #4**

Ethnicity:  
 Hispanic or Latino  
 Not Hispanic or Latino  
Race: (Mark one or more)  
 American Indian/Alaska Native  
 Asian  
 Black or African American  
 Native Hawaiian or other Pacific Islander  
 White  
Gender:  
 Male  Female

**APPLICANT #5**

Ethnicity:  
 Hispanic or Latino  
 Not Hispanic or Latino  
Race: (Mark one or more)  
 American Indian/Alaska Native  
 Asian  
 Black or African American  
 Native Hawaiian or other Pacific Islander  
 White  
Gender:  
 Male  Female

**APPLICANT #6**

Ethnicity:  
 Hispanic or Latino  
 Not Hispanic or Latino  
Race: (Mark one or more)  
 American Indian/Alaska Native  
 Asian  
 Black or African American  
 Native Hawaiian or other Pacific Islander  
 White  
Gender:  
 Male  Female

I/We certify that all information in this application is true to the best of my/our knowledge and that I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. I/We certify that if accepted for tenancy, this unit will be my/our permanent residence and I/we will not maintain a separate subsidized rental unit in a different location.

Also, I/we do hereby authorize Belmont Management Co., Inc. and its staff or authorized representatives to contact any agencies, offices, groups or organizations to obtain and verify any information or materials which are deemed necessary to complete my/our application for housing in this property managed by Belmont Management Co., Inc.

**SIGNATURES:**

\_\_\_\_\_  
Applicant Date

\_\_\_\_\_  
Co-Applicant Date

\_\_\_\_\_  
Additional Adult Date

\_\_\_\_\_  
Do we have your current email address?

\_\_\_\_\_  
Signature of Person Filling Out Form for Tenant

"Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions of misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208(a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7), and (8)."